U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

> For Official Use Only Section 1

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1. File Number U -

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name VINCENT J FRATACCIA	Name DISTRICT COUNCIL 78		
	Labor Organization File Number 340828 fauntes		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 85693 Haddock Rodd	Street 4951 RICHARD ST		
city YuLee	City Jackson Villo		
State FLOIRIDA ZIP Code +4 32097	State [(0R'1)] ZIP Code + 4 32207		
5. Position in labor organization. PRESIDENT LOCAL 164			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:	$ \mathcal{N}/\mathcal{A} $		
P.O. Box, Bldg., Room No., if any	<u> </u>		
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Signature () ( as Ca , \tag{\frac{1}{2}}			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (Including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed In Can tracco	On 8/23/05 904-548-0446  Date Telephone Number		
Form 1 M 20 /2002)	TOTAL TRANSPORT TO THE PROPERTY OF THE PROPERT		

Name of Person Filling VINCRIT FRATACCI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name IUPAT Joint Appendice than Sund  Trade Name, if any: PAINTERS  P.O. Box, Bldg., Room No., if any UNITED UNION BLDG.  Street ITSO New YORK AVE., N.W  City WAS WINGTON P.C.  State ZIP Code+4 Zwoib	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	-	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name   UPAT JOINT Apprentice Train Sun Trade Name, if any: PAINTELS  P.O. Box, Bldg., Room No., if any United Building  Street 1750 New York Sue, U.W.  City While to Dic.  State ZIP Code + 4 20006	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  LODGING + Meals  GRADUNTION Banquet  AIRFARE	832.30 43.49 254.20	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment,		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
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